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ABSTRACT

The concept and implementation of direction services, a one step center offering assistance to parents of handicapped children, are traced. Three basic functions of the federally funded direction service centers are noted: to help locate and provide access to the most appropriate resources for handicapped children and youth; to collect and maintain information on all services and resources available; and to develop relationships among agencies that promote coordinated services to children. Future trends in direction services are offered from perspectives of families, educational managers, and community human service planners. A section on funding and additional resources is followed by five appendixes, including a sampling of case studies, descriptive summaries of 25 demonstration projects, and demographic data for each project. (CL)

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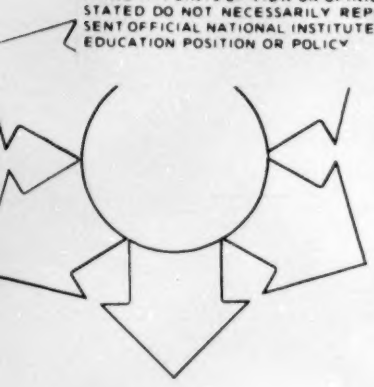

Direction Service: From Concept to Reality

Matching the Needs of Handicapped Children And Their Families with Community Resources

November 1979

National Association of State Directors of Special Education

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Contents

iv Preface

1 Introduction to Direction Service

3 Perspectives on Direction Service: Concept, Functions, History, Philosophy, Legality, Futures

11 A Profile of Direction Service

16 Considerations for Funding and Additional Resources

20 Conclusion

21 References

Appendix:

22 A. Sampling of Case Studies

28 B. Map Showing Location of 25 Demonstration Projects

29 C. Descriptive Picture of Demonstration Projects

32 D. Demonstration Sites Listed by State

35 E. Demographic Data for Each Project

Preface

This publication on Direction Services was developed by NASDSE, Inc., in cooperation with representatives of 25 Direction Service Centers across the nation who contributed substantially to the content contained herein.

We wish to acknowledge here key contributors to the development of this manual. Appreciation and special thanks are extended to:

- Richard Zeller (Portland, Oregon) and Kent Gerhart (Des Moines, Iowa) for coordinating a special task force which developed a statement of philosophy for this publication and a questionnaire which was sent to 25 federally funded Direction Service Centers to obtain background and demographic information. The task force held several meetings and developed the section on "Perspectives on Direction Service;"

- Richard Lash (New York City) for developing the section on "Considerations for Funding and Additional Resources;"

- Dr. Norman Howe, Division of Media Services, Bureau of Education for the Handicapped, for his encouragement and support of this project, from start to finish, and for providing access to important information about Direction Service projects which is included in this publication.

Special thanks are extended to Mrs. Eileen Lavine, Information Services, Inc., Bethesda, Maryland, for synthesizing the contributions noted above, and for providing the major portions of this publication. Without her efforts, above all others, we would not have been able to produce this document.

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NASDSE, Inc.

Introduction to Direction Service

The concept of Direction Service has proven to be valid and workable in three years of demonstration projects supported by the Bureau of Education for the Handicapped.

The Direction Service approach assists families in finding their way through the maze of the service system and provides an effective mechanism for coordinating community resources to meet the needs of individual children and youth. Direction Service helps families with handicapped children "put the pieces together," by providing a one-stop service to examine all their needs and match these needs to available services in the community. Parents who go through the direction process feel less animosity toward the school than those who undergo a categorical, restricted "education only" process. As a result, parents are less likely to feel that somebody is passing the buck or pigeonholing their problem. With lessened hostility comes a reduced threat of costly litigation.

Through the direction process, schools have a practical way to provide access to other community resources in meeting IEP "related service" needs under P.L. 94-142. In addition, Direction Service can track the needs-to-service match and provide data on where school resources can best be allocated and where there may be gaps or overlaps in services.

This document explores the concept and history of Direction Service, the legal and philosophical rationale, and their three basic functions:

1. Assisting in the location of and access to the most appropriate resources to meet the needs of handicapped children and youth;

2. Collecting and maintaining information on all services and resources available to handicapped children and their families;

3. Developing and supporting relationships among agencies which promote coordinated services to children.

Whenever these functions coexist in a service delivery system and are linked functionally to one another, the concept of "Direction Service" is in practice. They can be implemented in schools in varying ways -- from a "center" operation with assigned staff to the use of existing IEP team members with training. In this handbook, a chapter on 25 federally funded demonstration Direction Service sites describes varying forms of organization, services provided, staffing, and demographic data as suggestions for others who might wish to incorporate this concept into their special education delivery system. These are followed by suggested methods for replication and considerations for funding and additional resources.

With a mechanism such as Direction Service, the needs of handicapped children and youth become more important than bureaucratic process. Direction

Service focuses on all the child's needs and on all the available resources and is a concept worth saving and supporting.

It is toward that end that this document was developed and disseminated by NASDSE, Inc. Therefore, profiles of 25 Direction Service demonstration sites and selected case studies from the Direction Service centers are provided in the Appendix to indicate the types of services provided and arranged for by Direction Service for children of all ages and with different disabilities, and to indicate the kinds of changes in services families need as children grow up. Also in the Appendix are a state listing of each Direction Service demonstration project together with a map pinpointing the location of each site, and a profile of each demonstration project, so that interested persons and agencies may contact the center most appropriate to their own setting and program needs for further information on replication and adaptation of the program.

Perspectives on Direction Service

The Concept

The last fifteen years have seen an explosion of interest in special services to handicapped children, and with it a large increase in the availability of services. Where parents once were faced with service agencies and schools that often closed their doors on handicapped children, they are now often confronted with a myriad of agencies providing fragmented services, each directed to a limited segment of the handicapped child population.

The increase of services has come about largely because of strong pressure on state legislatures brought by special interest advocacy groups, such as the Association for Learning Disabled, Association for Retarded Citizens, United Cerebral Palsy, Parents of the Deaf, Society for Autistic Children, among others. Much legislation has focused on improving particular aspects of the service continuum (e.g., diagnostic centers, parent training programs, vision and hearing screening, speech and hearing clinics).

As a result, eligibility requirements for a given service may exclude certain children. For example, some diagnostic centers work only with young children who are cerebral palsied or who have been otherwise neurologically impaired from birth; an 8-year-old child who is brain damaged because of traumatic post-birth injury may not be eligible for that diagnostic service, even though the professional skills involved might be highly appropriate.

Faced with this confusing complexity of the service system, many families have settled for whatever is offered or have stopped trying to find help. In 1974, the Rand Corporation explored the provision of services to the sensory impaired and found that many parents are quite understandably unable to cope on their own with services as they are currently arrayed. In the study's final report, "Improving Services to Handicapped Children," (Kakalik et al., 1974), the researchers noted that most specialized professionals are equally unable to cope with the bureaucracy of special services, or even to see the related problems of clients that require another specialist's attention.

The Rand study offered the concept of Direction Service as a potential solution to this problem. Direction Service would "put the pieces together," providing a network of centers whose primary purpose would be to assist parents in locating and selecting an appropriate mix of services from existing agencies.

Direction Service amounts to examining all the service needs and helping parents match these needs to those resources that best meet their needs. Because children grow and change, the Direction Service concept would also need to monitor the match of needs and services over time and arrange for changes in services when needs change.

In 1976, the Bureau of Education for the Handicapped (BEH) of the U.S. Office of Education responded to the Rand study's findings and funded 17 Direction Service demonstrations in a variety of community settings nationwide. There are now 25 BEH-funded projects in existence around the country, with varying sponsorships and organizational approaches. The BEH concept for Direction Service drew heavily from the Rand recommendations. Most of the demonstrations are affiliated closely with educational agencies at state, intermediate, or local levels. This alliance is based sensibly on the close relationship between what direction encompasses and what schools do in developing and implementing individualized educational programs.

Functions

The experience of the BEH-funded demonstration projects has developed three common critical functions that characterize Direction Service. These functions are common to all the demonstrations, even though the projects themselves differ in size, staffing patterns, and organizational relationships with schools and agencies. There may be as many valid ways to operate Direction Service as there are unique communities into which these functions might fit.

The reasons for delineating these functions are:

- to document the functional role of Direction Service apart from any particular delivery strategy. These functions do not require a certain kind of delivery structure, but may be implemented through a variety of organizational bases, some of which are being demonstrated by different Direction Service projects;

- to establish a common vocabulary for a common concept being demonstrated in 25 different sites, which will facilitate sharing among those directly involved and those for whom the demonstrations are intended;

- to present a concise statement of what constitutes Direction Service so that the concept can remain intact as it is disseminated to the field.

When the following functions coexist in a service delivery system and are linked functionally to one another, it can be said that the Direction Service concept is operational:

The Functions of Direction Service

1. Assist parents in locating and providing access to the most appropriate combination of services and resources to meet the needs of handicapped children.

   This assistance is characterized as:

   (a) Comprehensive (supports the developmental and maintenance needs of handicapped children and families);

   (b) Dynamic (can provide assistance over time at a level of involvement appropriate to the needs, abilities, and desires of the family);

   (c) Appropriate in matching (operates to insure that the services matched are appropriate and actualized).

2. Systematically collect and maintain information on services and resources available to meet the needs of handicapped children.

   This information capability is characterized as:

   (a) Comprehensive (includes or has access to all generic and specialized services which may impact on any handicapped child or family);

(b) Non-redundant (uses other information systems when appropriate and efficient).

3. Develop and support interagency relationships that promote coordinated services to children.

This assistance is characterized as:

(a) Catalytic (develops relationships with agencies which can help promote new services to fill identified gaps in the service delivery continuum);

(b) Facilitative (involves brokerage of information and convening appropriate parties to promote understanding and agreements with or among agencies that result in improved services to a child or to groups of children).

History

Efforts to find a way to provide comprehensive coordinated services to people with special needs can be traced back at least half a century. Recent attempts can be categorized into two broad groups. The first focuses on reorganizing the service system to bring together related agencies or functions and thus improve coordination. The second group includes approaches which target the client, attempting not to promote major structural changes but to improve access to and coordination among existing components of the service system.

System reorganization has been pursued in many states. More than 30 states have established coordinating offices for human resources. Many of these are combinations of traditional human services departments under a new umbrella department (e.g., Department of Human Resources). State Departments of Education have typically not been included in these schemes. The U.S. Department of Health, Education, and Welfare (DHEW) began supporting human services integration projects in the 1960's. These projects emphasized a systems analysis approach to examining service functions across agencies. The intent is to link logically allied functions formally through referral processes, reorganization, etc. Federal interagency agreements announced in 1978 are in keeping with this system-oriented approach.

The direction concept is one example of a client-centered approach to service coordination for the handicapped, which provides an entity to work directly with families and handicapped clients to help them identify their needs and obtain access to the full range of appropriate community services.

Philosophy

From a societal perspective, education is the preparation of its members to assume contributing adult roles. In our society, as in many others, the function of educating the young has traditionally been shared by the family and the school. In the broadest sense, any activity which contributes to a child's development and prepares the child for the most productive adult life possible could be considered educational. Families control many of their children's activities and "use" the expertise of the school to instruct the child in "basic" (e.g., academic) skills.

The real world is somewhat more complex than this for any child. If the child is seriously handicapped, the complexity increases substantially. The responsibility for educating handicapped children is now assumed not only by the family and the schools, but also by a myriad of public and private local, state, and federal programs providing essentially "educational" services. The development of vocational, physical mobility, recreation, and leisure-time skills is all important to a handicapped person assuming an adult role in society.

With the implementation of P.L. 94-142, much debate has centered around what constitutes an "educational" service. This question, however, is a technical/political one (i.e., what schools should provide). From the broader perspective, however, schools are only one of many agents of society involved in education.

How can society ensure that all these agents work in some degree of harmony? Direction Service is one approach common in concept with many recommended approaches. The functions of Direction Service must be intact if coordinated service delivery is to be realized. These "liaison" functions are critical to making services work, but they tend not to be present for several reasons (adapted from Newbrough):

1. The general population believes that the family has the responsibility for obtaining services effectively;

2. Separation of services into special purpose groups allows for the development of highly technical professions which benefit their practitioners economically;

3. Service providers compete for resources to continue their special activities, and the way they justify the award of resources to one provider over another tends to reinforce that separateness.

One possible response to overcome these barriers is to propose the adoption of direction functions by some service unit.

Although schools cannot be considered the sole proprietor of educational services, they can at least become society's agent to ensure that those services, from all sources, are coordinated to support human development. Schools can assume such a role because of their unique status, distinguishing them from other social agencies. Schools serve everyone, and basic education is the primary entitlement in our society. Other agencies may have mandates to serve handicapped children, but schools are the most logical element in society to coordinate services because their "educational" services are universal.

If Direction Service functions can be justified at all within the service system, then the school's relationship to the support of general child development makes it the logical entity to assume this assistance role.

Legality

A legal rationale for the provision of Direction Service assistance by the schools derives from the regulations for P.L. 94-142 and Section 504 of the Rehabilitation Act of 1973, and the interpretation of those regulations.

With the passage of P.L. 94-142, schools received a broadened charge to provide "free appropriate public education" (FAPE) to all handicapped children aged 3 to 21 by September 1, 1980. Under Section 504, FAPE must be provided to all identified school-aged handicapped children as expeditiously as possible and not later than September 1, 1978.

FAPE is defined in the P.L. 94-142 regulations as"....special education and related services which....are provided in conformity with an individualized education program...." (Section 121a.4).

"Related services," as defined in the same regulations,

> "....means transportation and such developmental, corrective and other supportive services as are required to assist a handicapped child to benefit from special education, and includes:

speech pathology and audiology,
psychological services,
physical and occupational therapy,
recreation,
early identification and assessment of disabilities in children,
counseling service,
medical services for diagnostic or evaluative purposes.

The term also includes school health services, social work services in schools, and parent counseling and training." (Section 121a.13)

Each of those services is further defined in the regulations. These legal requirements to provide "educationally related services" obviously go considerably beyond the traditional role and capability of most school districts. Some school districts have indicated that they will only plan in IEP sessions for those services which they are able to provide.

In a letter to the country's Chief State School Officers in 1977, Dr. Edwin Martin, Deputy Commissioner, Bureau of Education for the Handicapped, clarified the requirements for IEP planning and related services as follows:

"....some parties have interpreted the final regulations to mean that a public agency must provide to a handicapped child only those services which are available <u>in the agency</u>. This interpretation is not correct.

"The regulations under Section 504 state that an appropriate education '....is the provision of regular or special education and related aids and services that are....designed to meet individual educational needs of handicapped persons as adequately as the needs of non-handicapped persons are met....'

"....read together, these two statutes (P.L. 94-142 and Section 504) and their implementing regulations require that ....each handicapped child must be provided all services necessary to meet his/her special education and related needs."

School administrators have pointed out that such requirements, if read as mandating that schools must assume all costs, place impossible financial burdens on school districts to pay for services they have never provided and can ill afford. Schools desire a clear delimiting of the definition of related services in an effort to limit the school's fiscal liability. However, the more that limits are placed on the definition of related services, the more likely it is that important child and related family needs will go unaddressed in the IEP process. If the definition and the needs addressed in the IEP are limited too narrowly, due process hearings are likely to follow, and with them will come other fiscal liabilities.

A special DHEW report on the responsibilities under Section 504 of administrators of programs for the disabled emphasized this point. Schools must....

"Provide a free appropriate education regardless of the type or severity of a child's disability. (For example, [the school] may select a public or private residential program for a child with profoundly disabling cerebral palsy. Although the public school district itself may not be able to pay the extra cost of non-medical care, room and board, <u>it is responsible for finding these funds from other sources.</u>)" <u>(HAR</u>, 1977; emphasis added)

There is no requirement in any of the legislation, however, that schools can only plan services in the IEP for which the schools pay. In other words, <u>nothing</u> in law or regulations prohibits schools from meeting IEP requirements by utilizing other non-school community services where they are available.

Section 121a.301 of the P.L. 94-142 regulations entitled "Free Appropriate Public Education - Methods and Payments" reads:

> "(a) Each state may use whatever state, local, federal and private sources of support are available in the state to meet the requirements of this part. A state could use joint agreements between the agencies involved for sharing the cost....(b) Nothing in this part relieves an insurer or similar third party from an otherwise valid obligation to provide or to pay for services to a handicapped child."

One of the related services listed in the P.L. 94-142 Regulations appears to provide a way out of some of these difficulties. "Social Work Services in Schools" is defined as including:

1. Preparing a social or developmental history on a handicapped child....

2. Working with those problems in a child's living situation (home, school, and community) that affect the child's adjustment in school; and

3. Mobilizing school and community resources to enable the child to receive maximum benefit from his or her educational program. (P.L. 94-142 Regulations, Section 121a.4, emphasis added)

By providing "Social Work Services in Schools" (or "resource-linking assistance") as a related service, other needs, which the school may recognize as critical but may not want to assume fiscal responsibility for, can be addressed. Categories of services addressed on an IEP might then include:

1. Basic educational placement;

2. Related services (defined as narrowly as district administrators and their legal counsel feel comfortable with); and when other needs are present

3. Resource-linking assistance to other community agencies.

The third category (the linking assistance) is also a related service and one the school may be obligated to provide or arrange. Linking to a specific community resource, however, would be an objective under that service category. Failure to achieve IEP objectives is not necessarily failure to implement the IEP (providing a good-faith effort is made). Not achieving a link with a particular community resource, then, would not present the school with any legal liability for failing to provide services. The service provided would be "resource linking," not what is or is not linked.

This approach seems to free schools to begin systematically defining related services in a consistent fashion. If as a result of some IEP involvement, a parent disagrees with that definition, due process procedures could mediate that disagreement.

All of this assumes that schools:

1. define related services consistently, based on educational judgment, not simply on what is available in the district;

2. are willing to address less directly educationally related needs as a part of the IEP process.

Given the massive availability of community resources, this approach would seem to alleviate much of the danger inherent in approaching the IEP process in a narrow educational context.

Schools are being called on to become the community's responsible agent for

facilitating child development. Schools are not necessarily being asked to "provide everything," but rather to serve as the touchpoint for children to gain access to what the community at large has available to support each child's development.

In summary, utilizing staff with general skills to identify community resources which might help meet the needs of a handicapped child is a legitimate and necessary function of schools. This seems to be a logical and effective way to address a child's needs fully and to provide all needed services economically.

Futures

This section describes some sets of conditions which will exist when there is a full implementation of Direction Service at a future date. Several assumptions have been made in preparing these "futures" statements:

- Direction Service functions and the IEP process are fully integrated. Not every handicapped child needs assistance from agencies outside the school. It is assumed, however, that Direction Service functions are a part of the IEP process whenever a child may require support from other agencies.

- Direction Service functions have been adopted and implemented. (This paper makes no attempt to describe how the changes come about from present circumstances to these future conditions. Describing heaven and explaining how one gets there are two different matters.)

- The IEP/DS process operating in these futures descriptions is comprehensive -- no needs of a handicapped child and his family are dismissed out-of-hand as inappropriate for the process. (It is quite possible, of course, to implement a set of Direction Service functions which are limited to addressing educational and related services in a narrow sense. Such an approach, however, is not reflected in the following statements.)

The futures statements below are presented from different perspectives: that of the parent/family, that of the educational manager, and that of the community human service planner.

- Parent/Family Perspective

1. *Parents/families have real choice of service options.*

   The complete utilization of all community resources means that parents/families have real choices among services in the IEP/DS process. Since schools rely on the broader community as well as district resources, parents don't feel caught in a buck-passing game. All needs can be addressed legitimately in the IEP/DS process. Parents, therefore, see schools as putting forth good efforts to meet all student needs.

2. *More complete identification of service needs, using a common approach across agencies, provides for less duplication of services to families.*

   Parents are no longer required to deal with several different agencies attempting to address many of the same needs. Families have help from one entity in relating to all the service providers.

3. *Full and active parent/family involvement reduces animosity.*

   Real selection among alternative services available puts families in a partnership role. "Due process" procedures, which assume that the

parties involved are adversaries, are relegated to their proper place as exception measures when the participation fails to bring agreement.

- Educational Manager Perspective

1. *"Related services" needs in the IEP are far better addressed utilizing all community resources than would be possible by schools alone.*

   The concept of the prudent man prevails, schools make a good faith effort to address related service needs, using all community resources, and thus are not so much a target of litigation. The failure to provide a needed service is uncommon and when it occurs is, to a great extent, recognized as a community responsibility.

2. *Resource allocation within schools is made on the basis of data about where gaps in services exist.*

   Student tracking systems record all service needs and services provided. These data are summarized and available to the educational manager. School support resources are kept flexible and utilized to fill in where community services are lacking. Duplication of services among school and community agencies is kept to a minimum.

- Community Human Service Planner Perspective

1. *Utilization of student tracking data provides better information for planning human services in the community.*

   Because all handicapped children under 21 years of age are tracked by a single system, accurate information is available on the responsiveness of the service system (how long it takes from identifying a need to providing a service), where gaps exist, and where redundancy can be minimized.

2. *IEP/DS integration carries over to other individual planning processes.*

   This provides the service system with some procedural continuity and reduces individual planning involvement to a single process with any one family. Procedural integration of planning with families allows better long-range projection of needs, resulting in more efficient overall service planning.

This thinking on futures has its basis in the experience of the 25 demonstration sites, which are profiled in this publication. The following section gives a profile of Direction Service in practice, as viewed through the experiences of these projects during the past three years.

A Profile of Direction Service

Direction Service is an idea whose time has come. Those who have been providing Direction Service for the past three years as pilot demonstrations - as well as those who have worked with the projects and those who have been recipients of the service - are confident that the concept has proven valid and workable.

Using the concept of the information and referral service as its stepping-off point, Direction Service provides a one-stop service to review the problems of handicapped children and their family, identify available resources and options as well as overlaps or inadequacies in services, assist in linking the family with the most appropriate service, and follow up to insure that the child's immediate needs and changing future needs are met.

The 25 Direction Service demonstration projects funded by the Bureau of Education for the Handicapped stretch across the country - from Boston and Syracuse to Vancouver and Los Angeles, from the remote Navajo reservations of Utah to the streets of Spanish Harlem in New York City, from the Black Hills of South Dakota to the suburbs of Washington, D.C. There are centers organized under State and Local Education Agencies, Regional Resource Centers, universities, a voluntary service agency, an advocacy group, and a management consulting firm. Their catchment areas range in population from 15,000 to more than one million, their staffs from one person to ten.

Yet all share the concept of their mission as providing one central location where parents can come to match the often multiple needs of their handicapped child with appropriate and at times scattered service providers. Direction Service staff may include a project coordinator or director, one or more direction or resource specialists to screen families and carry out the direction process, a resource information specialist to contact service providers and to answer inquiries, and sometimes paraprofessionals, often parents, who may serve as the intake contact person, assist in evaluation, obtain transportation, maintain and disseminate parent information materials, or help with workshops and outreach programs.

In most cases, Direction Service contacts begin by telephone. In some areas, where the population is widely dispersed geographically, all contacts may be by telephone. In others, there are walk-in contacts, mail requests for assistance, and home visits by Direction Service Staff. Some centers have detailed computerized information systems; others have simple manual files listing the service providers.

The Direction Service process starts when the family of a handicapped child or youth is referred to the Direction Service resource specialist, who is a professional experienced in working with handicapped children. The resource specialist consults with the family

about their concerns and discusses ways in which Direction Service can help them. The Direction Service staff gathers all pertinent information, which remains completely confidential, to help determine the best programs to meet the child's individual needs.

Then the Direction Service staff works with the family to help obtain the services. This may involve making appointments with the service provider or even accompanying the family to the first appointment, helping the parents fill out application forms, if necessary, and perhaps locating transportation to enable the family to get to the providing agency's location.

One of the special goals of the Direction Service process is to help the families develop the skills and capability for locating and obtaining services themselves in the future without having to call on outside intervention.

Although each of the demonstration projects may utilize different approaches in providing direction, all have certain processes in common: Intake and Assessment, Resource Searching and Matching, Service Implementation and Coordination, and Followup.*

Intake and Assessment: Central to the concept of "direction" is that parents are the primary responsible guardians of the child. Specialized professionals have not generally seen themselves as responsible for supporting parents in that role....Listening to the family, reviewing "histories," collecting the existing diagnostic data and sorting through "all the clues" to profile child needs are critical aspects of intake and assessment. The outcome of these processes is the identification of needed services, such as additional diagnosis, assessment, medical service, educational programming, etc.

Resource Searching and Matching: Using an information base containing data on all resources available within the community, Direction Service identifies those services which address family needs. Service alternatives are reviewed with the family to facilitate their choice of that mix of services which best addresses family needs, values, etc.

Service Implementation and Coordination: Through careful matching of needs to services, Direction Service insures that the family is eligible for services. Direction can help families cut through bureaucratic "red tape," for example, by helping to compile needed data and complete agency intake forms. Direction Service also facilitates coordination across agencies through interagency staffings and other procedures to insure that service providers do not work at cross-purposes.

Followup: After a family has enrolled in selected services, Direction Service follows up to insure that family and service provider(s) are satisfied. Direction Service maintains records on each family and assists them in planning for major transitions in services (e.g., when a youngster reaches adolescence and vocational training becomes a priority). Direction Service also regularly contacts the families served to inform them of new services, to determine satisfaction with services, and to provide additional assistance when needed.

Throughout these processes, Direction Service centers usually cooperate with local or regional information and

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* This description of the common processes is taken from a statement by Richard Zeller entitled "Direction Service: A Child/Family Centered Approach to Coordinating Full Services to Handicapped Children," prepared for the Mid-South RRC-ICS project.

referral agencies to share information and make or accept referrals. But Direction Service is much more than an information and referral program, as one project director pointed out:

"We have found that it is necessary to sit down and review extensively with each family to understand where they have been and what services they are seeking for their child. It is also necessary to obtain information from other sources serving the child, such as school districts, treatment agencies, medical facilities, and family physicians. Effort must then be made to identify those options available to a family for the services they are seeking, keeping in mind such factors as location, cost, transportation needs, etc. It is also very important to have the family come back to meet with the staff to discuss available options. More and more emphasis is being placed on coordinating services with school districts, physicians, and agencies outside of the school district which may be providing treatment. The Direction Service also spends time identifying available summer recreation and training programs so that a 12-month coverage of service is made available to the family.

"Extensive case files are maintained on each family and contain outside information which has been released by the parent as well as extensive tracking notes concerning staff involvement. They also contain an evaluation completed by each family after they have gone through all phases of direction service and enter a followup phase. If new problems are presented, the process starts over again in seeking to identify options and obtain services based on the new problem...."

Two examples of cases from demonstration projects show how these processes operate and interact with community resources.

Case Study I

One family was referred to the Direction Service by a neighborhood Resource Center primarily because of the 8-year-old son who had epileptic seizures twice a day. The family also included a 13-year-old boy who was very ill but not receiving medical care because of the family's limited income, and a 3-month-old baby who was being fed only milk. Three other children were not attending school. The father had some construction jobs when weather permitted but had been unable to find steady work.

Immediate priorities were food and medical attention. The Direction Service contacted a church to provide food, and a nun in the parish to take the older boy to a physician who found he had a severe case of hepatitis. The entire family was then taken to a clinic for immunization. Then, the Direction Service located an Evaluation Center for diagnostic evaluation of the epileptic child, a private agency to seek employment for the father, and a tutor for the other children who were enrolled in school. The Direction Service has followed the family closely to insure that all services are being received.

Case Study II

After another Direction Service center gave an outreach presentation at a PTA meeting in a small industrial community, a mother came to the center for help with her 14-year-old daughter, Susan, who suffered from seizures that seriously impaired daily functioning and learning. She had been sent home from a residential pediatric neurology center when the family's insurance company refused to cover medical costs. The Direction Service tried to find financial sources and also to initiate a home behavior management program,

but these were unsuccessful, and the Service had to assume the more critical role of coordinating efforts to find a suitable placement to remove Susan from the home environment. In 18 months, 25 placements were examined through phone contact and exchange of information, resulting in family tension, guilt and concern, all of which in turn led to further rejections by placement facilities. Stopgap efforts at home involving home teachers and other professionals were unable to reach Susan. Finally, with State Board of Education assistance and after countless meetings with educational, medical, and legal officers, placement was secured at the original pediatric neurology center.

Two months later, Susan's behavior deteriorated, and Direction Service personnel worked with LEA personnel and found another non-public placement. The Direction Service served as resource and support for the family as they reacted to and finally accepted the diagnostic review which revealed that Susan had a degenerative neurological syndrome with a prognosis for a short lifespan and diminishing physical and mental capacities. The Service continued to work with the family to provide continuous followup and adjustment to changing needs.

A sampling of other case studies from Direction Service demonstration projects is presented in the Appendix.

Replication

A requirement of the BEH funding of the Direction Service demonstration models was that they provide documentation so that potentially replicable models could be identified and assessed by agencies interested in duplicating a successful demonstration. The material presented in this publication serves as background for agencies considering such replication.

As noted in the section on concept and philosophy, the strength of the Direction Service demonstrations has been in the functions performed to provide information and assistance to target families and school personnel in identifying, assessing, and utilizing community resources. Replication in other parts of the country would basically involve replication of those critical functions.

The demographic data presented here indicate the varieties of organizational arrangements in the demonstration projects. In general, these represent a center-based and housed staff, although the location and sponsorship of the center differs widely. In such a center model, case coordinators could be assigned to different service regions. This arrangement could use existing staff, redefining their roles, or add new staff, but would not require any organizational changes at the LEA level. Disadvantages of this model include possible difficulties due to scheduling in keeping the Direction Service process as closely related to IEP as desirable, and the relatively high cost of adding a brandnew service unit.

One alternative approach would be a district-centered paraprofessional model, to provide direction to families through involvement in IEP meetings, with information support and case management consultation maintained centrally. Advantages of this model are that staff would be assigned in each district (or combination of districts) to provide exclusively "hands on" direction, and paraprofessional staff (parents of handicapped) might have an easier time relating to other parents. Disadvantages include problems in scheduling and contact of paraprofessionals to attend IEP meetings and maintain consistent access to parents, and the need for administrative time and organizational changes to supervise the paraprofessionals.

A third alternative might be Direction Service from district IEP team members,

in which the central Direction Service staff provides training to selected district IEP team members in comprehensive service needs assessment, resource identification and matching, direction planning with families, etc., and a resource information system, information support, and professional case management consultation are provided centrally. District personnel could be reassigned to at least part-time duty as Direction Service specialist or case manager, with this capability centralized (one or two specialists per district), or decentralized (a specialist on most IEP teams).

Advantages include minimum additional cost to implement direction by using existing staff, and decreased number of people parents must deal with by the integration of Direction Service assistance with IEP functions, in effect making the IEP team a one-stop assistance group. Disadvantages are that this would require redesign of job functions for some local district staff, although this could be a new way to structure existing staff functions such as social work, school counselor functions, assessment, etc., and also it would probably be more difficult to maintain accuracy of information unless users at the district level have an opportunity to interact with one another and with the information specialist.

The ranges in cost can go from $35,000 per year for one professional and a secretary to nearly $200,000 for 6-8 professionals and a support staff.

Regardless of the organizational structure selected, it appears from the demonstration models that Direction Service can work and be maintained in a cost-effective way in or out of a school system, if there is a commitment to the concept and there is cooperation among agency managers and decision makers on allocation of funds. There are already persons who interact with families in school settings, at IEP meetings, and elsewhere, and perhaps all that is needed to formalize these relationships into Direction Service is a rearrangement of titles and functions, plus the application of an information system and coordinated support, to provide direction by existing staff.

Considerations for Funding and Additional Resources

As already noted, the current demonstrations of Direction Service are federally funded through the Bureau of Education for the Handicapped, and BEH has been their sole or primary funding source. It is unrealistic to consider that BEH could provide sufficient funding to create a Direction Service that would include every LEA in the country. Nor is it realistic to consider that BEH can continue its present effort indefinitely. In fact, many of the current contractors have already sought supplemental resources.

It may even be desirable in the evolution of Direction Service to replace or supplement the BEH "First Dollar" effort, once the initial demonstrations have been fully established and assessed. The nature of Direction Service itself suggests collaborative arrangements for service delivery, and a similar approach to funding might enhance those relationships.

There is ample evidence in the demonstrations working with the most put-upon and needy population that many families simply cannot organize or participate in a plan for special education and related services because of their preoccupation with basic survival needs, i.e., health care, housing, and income maintenance. The case manager and collateral workers may touch such systems as Day Care, Head Start, Income Maintenance, Child Protection, Housing, Naturalization and Immigration, and Justice in the course of stabilizing the family to actually achieve a free appropriate public education for the child with special needs.

The selection of resources or funding must be consistent with the functions of Direction Service, as described earlier, and its components. We can construct a matrix from these:

Functions:

1. Assisting parents in locating and providing access to the most appropriate resources,
2. Collecting and maintaining information on all available resources,
3. Developing and supporting interagency relationships that promote coordinated services to children.

Components:

1. Information Base,
2. Outreach/Advisory,
3. Service to clients and agencies,
4. Administration

Possible Sources of Funding

The search for resources to continue, supplement, or create a Direction Service may be as confusing to the administrator as is the process the parent faces in identifying, selecting, and assembling the resources to fulfill the service plan. It may be useful to view the cascade of funding from the federal to state to local levels in our search for funding.

At the top of the cascade are Local Education Agency flow-through dollars, State Education Agency discretionary funds, and federal discretionary funds designated to go directly to local projects, such as funding for the Handicapped Children's Early Education Program. Funding directly from the federal level is invaluable in developing programs, but consideration must be given at the outset to replacement.

At the state level, again, some funds may be available beyond those which are passed through to the locality. Several Direction Service demonstrations have utilized the state portion of P.L. 94-142 funds to supplement their current effort; the state itself could create Direction Services with its share of the 94-142 funds. Another supplement for Direction Service has been State Implementation Grant funding from the SEA. Direction-like programs have also received State Department of Social Services funding directly, and this may have application in a collaborative program.

Another possibility may be in a preventive health care program, the state's Medicaid Early and Periodic Screening, Diagnosis, and Treatment program. A collaborative project has been established in one state utilizing joint funding from the State Education Department (P.L. 94-142) and the Disabled Children's program. The agencies in that model include a regional prenatal center, a university-affiliated medical center, and two LEAs. If the state has a comprehensive youth plan, some consideration might be given to Direction Service.

On the local level, the LEA's share of P.L. 94-142 funding is a possible resource. Working with the local Board of Education and the Departments of Mental Health, Social Services, or Health may provide a local resource. Direction Services also have utilized funding from voluntary agencies for emergency financial assistance and transportation for families and children. Voluntary funds have been made available for summer camps and day programs.

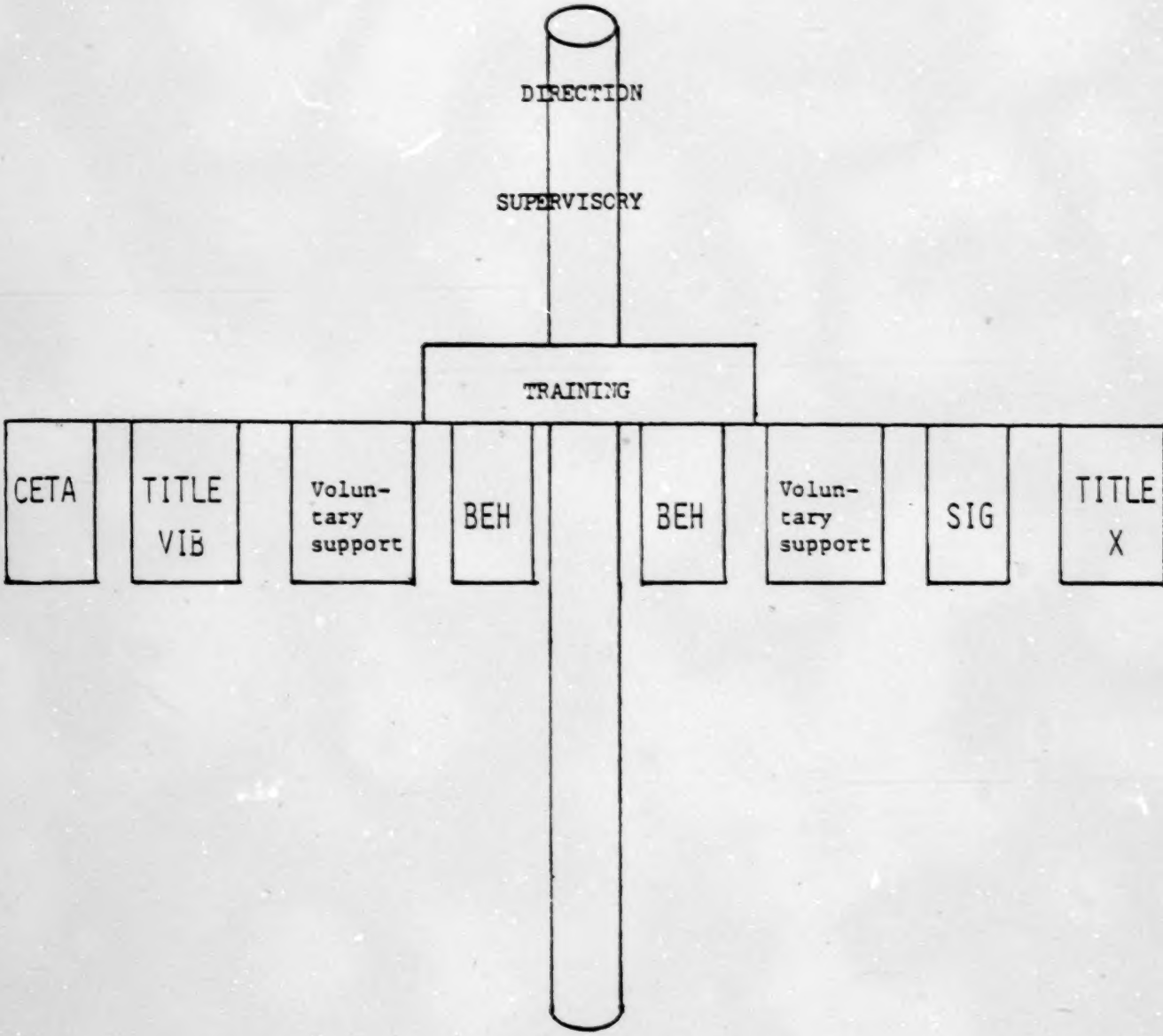
In addition to sources of financial aid, some Direction Services have utilized personnel assignments to provide staff or services. Examples are Title X of the Older Americans Act to provide personnel for escort and translation; Comprehensive Employment and Training Act (CETA) for paraprofessional staff; and Action Grants to provide Foster Grandparents in direct support to families.

Staff assignments or liaison relationships may be established with the LEA and public agencies such as the Departments of Social Service or Health to supplement staff in direct employ of the Direction Service. Local colleges and universities have placed graduate and undergraduate students in existing Direction Service demonstrations. Such assignments may come from a variety of programs, such as education, social services, nursing, and law.

Resources other than funding and personnel include the contribution of office space and utilization of telephones and office equipment.

In the process of developing a funding strategy, a collaborative effort may be not only necessary but desirable. The interaction of agencies or systems can have a salutary effect on the demonstration and may change the perspective, allowing a focus at a greater distance, i.e., beyond the demonstration to the reasons for its very existence.

The Figure shows the structure of a practice model with two intersecting lines which form a cross. The vertical is the Administrative Post; this starts with direction at the top, followed by supervision, and has secretarial, clerical, and institutional support at the bottom, and is anchored to some entity. A horizontal line is connected to the



vertical Administrative Post below the supervisory structure. This is the Service Line, and attached to it are the service components and personnel to provide that service. Space on the Service Line may be assigned arbitrarily by component, function, or funding source for purposes of representation.

The juncture of the vertical Administrative Post and the horizontal Service Line is supported by a connecting unit or junction box, the Training/ Evaluation structure, which couples the two structures. This coupling serves to bring the mission and objectives of the program to the personnel at the outset (pre-service training), provide guidance to the operation (in-service), and provide a reference point for periodic review (evaluation).

The model has utilized the BEH "First Dollar" funding to create the administrative post and the first effort on the service line. Since it was felt that sufficient energy could not be generated without additional support, the service line was elongated with examples of other resources:

1. CETA slots for education and training of neighborhood paraprofessional Direction Service workers;
2. State Title VIB funds for early childhood Direction Service;
3. Voluntary funds for emergency financial assistance;
4. Voluntary funds for summer camp and day programs;
5. State Implementation Grant for parent education;
6. Title X of the Older Americans Act for personnel to provide escort and translation.

It should be noted that attention must be given to the administrative post when elongating the service line. The administrative post must provide adequate strength to support the service line. Unless additional funding also provides this strength, the model will operate erratically or "wobble" when it is set in motion because of the overload on the service line.

In general, the needs of the families and the idiosyncratic characteristics of the work site and its resources will suggest the needs and sources for funding or acquisition of resources.

Conclusion

The reality of Direction Service in practice shows that when all community resources are examined, related service needs that might otherwise not even be identified by schools can be addressed adequately and effectively.

The intent of the federal legislation is to see that the service system does not become further fragmented. Bringing decisions closer to the people most directly affected and standardizing the procedures used in planning individual programs for handicapped children and youth should make some of the futures thinking more likely.

People who pay federal, state, and local taxes have a right to expect that both within those levels of government and across them service systems are operating cooperatively. Competition may be a reasonable model for the general economy, but competition among community agents all serving the same population can be highly destructive.

Direction Service provides a process that focuses on the needs of the child and the family and brings all available services, without regard to affiliation, to bear on meeting those needs. The program is evolving continually, but the experience of the 25 demonstrations thus far offers concrete evidence that Direction Service enhances inter-agency cooperation and coordination and improves relationships among schools, other service providers, handicapped children and their families; fills in service gaps by helping agencies identify unmet needs and provide alternative options for service; and lessens animosities and hostility between families and school systems, thus reducing the chances and potential costs of litigation.

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Appendix

APPENDIX A: A Sampling of Case Studies From Direction Service Projects

Part-Time Care for Infant With Down's Syndrome

Mrs. Jones called Direction Service about finding good part-time day care for her 4-month-old son, Jimmy, who has Down's Syndrome, so she could return to a part-time job. The Direction Specialist found that city day care centers had no room for infants. She obtained a current listing of family day care homes in the neighborhood, but all accepted payment on a weekly rate only, not by the hour.

Additional family day care homes were sought, somewhat farther from the family's home, which would accept an hourly rate. Mrs. Jones chose one, and later called the specialist for advice on telling the babysitter about her son's Down's Syndrome. After discussion, she decided to describe the baby in terms of his symptoms and needs, rather than using a label. She then requested information about SSI but discovered the family income was too high to qualify.

Services Sought for Preschool Down's Syndrome Child

Through referral from another parent in their small town, a middle-income family with a two-year-old Down's Syndrome child sought services in the town. Direction Service oriented the family about programs that would benefit the child, and as a result the child began receiving medical care from the Public Health Nurse and the itinerant Pediatric Clinic. Also the Preschool was expanded to serve the county where the child lived, and parents were given information about parent education materials and parent advocacy groups operating in the area.

Varied Resources for Family and Speech-Impaired 3-Year-Old

A mother came to Direction Service to inquire about services for her 3-year-old son who had a speech problem. The referral specialist learned that the parent needed employment, housing, day care for a 4-year-old daughter as well as the son, dental services for herself, legal services, and counseling. The following resources were utilized to help resolve some of these needs:

- o Rehabilitation Center for evaluation on the speech-impaired boy,
- o WIN Program (Work Incentive Program) to give the client training for employment,
- o VESS (Vocational Education in Social Services) student to help with housing,
- o A day care center provided by WIN (Title 20 funds) for the 4-year-old daughter when the mother starts the training program,
- o Infant Parent Training to provide day care for the handicapped son,
- o Dental and legal services were investigated, and the VESS student sought counseling for the client.

Preschool Class, Therapy for Retarded Child, Age 4

The Child Development Coordinator for the Handicapped referred Mary, age 4, to the Direction Service because Mary was about two years behind in achieving developmental milestones and seemed to test out as retarded, yet the parents did not seem fully informed or convinced of her

limitations. The Direction Specialist referred the child to the local Board of Education Childfind team, the Child Development home-based teacher, and a private nursery school that handled special children. The Specialist helped the parents work through their emotional reactions when they visited a classroom for pre-school retarded children, and interpreted for them Health Department tests and psychological evaluation on Mary. When her mother felt Mary's limitations might not have been assessed accurately because of her language problems, resources for private psychological evaluations were suggested.

Of the alternatives offered, the parents chose the private nursery school, and Mary also began speech therapy on a daily basis. After a two-week trial period, the therapist reported suspected aphasia, and the Direction Specialist initiated arrangements for evaluation by a specialized clinic. Meanwhile, the parents began a behavior management course to help in managing Mary, and the Direction Specialist found a volunteer psychology student to work on toilet training, under the Direction Center supervision, in the classroom. The parents have become more assured about choosing a course for Mary and less apprehensive about asking for services. The case remains open, as further services are sought.

Spanish Therapist Aids Children, 4 and 5, With Speech Problems

A Community Representative, who serves as a liaison between school and home, referred a 5-year-old speechless child to Direction Service. She contacted the family to ask if a Referral Specialist from the Center could come and offer assistance in locating services. The family accepted, and when the Referral Specialist visited the family she discovered that a 4-year-old child also had speech problems. The family physician and a clinic had said they were just delayed in their speech.

An appointment for evaluation at a local agency was canceled because the mother could not get a day off from work. When the Referral Specialist learned that the parent was afraid to ask for a day off, counseling was offered and given. When evaluation finally took place, the attempt to evaluate the children proved unsuccessful because they speak Spanish, and the speech therapist was non-Spanish speaking. Finally, the agency agreed to employ a Mexican-American therapist referred by the Referral Specialist, and she will not only evaluate the two children but also other Spanish-speaking children. The Referral Specialist also made an extensive search for day care to fit the 4-year-old child's needs.

Program Designed for 6-Year-Old with Down's Syndrome

Mrs. H. called Direction Service a year ago to ask if school buses are required to have seat belts for children with severe disabilities. The answer was an unqualified yes. Direction Service sent her information about transportation services and told her whom to call. Then the Service asked about Janice, 6 years old, who has Down's Syndrome and has shown retarded development. Mrs. H. expressed concern because she wanted Janice to attend a full-day rather than a half-day program.

Direction Service began planning with the family and the school district. Diagnostic services were located, and a program was designed when the results were received. Janice entered a morning kindergarten program and an afternoon mainstream first grade class. A year later, Direction Service followed up and learned that Janice is attending a regular class for most of every day, spending part of each day receiving special attention in a resource classroom.

Financial Advice for Family of 9-Year-Old With Skull Tumor

A family with a daughter, aged 9, with a deteriorating skull tumor came into contact with Direction Service as a result of radio public service announcements in a small town 120 miles southeast of the D.S. field office. The child had been involved extensively with major hospitals and many highly skilled neurologists with specialized treatment procedures, but the prognosis was that the tumor would grow until the child becomes blind, eventually resulting in death within three years.

As a result of the treatment, about $19,000 in medical bills had been incurred that were not covered by insurance. Parents faced disposal of house and car to meet the bills. The problem for Direction Service to resolve was how these bills would be met. Can a middle-income family receive help in dealing with extremely large medical obligations? The family was referred to the state A.P.A. with the result that $11,000 of the expenses were paid, enabling the family to continue living as close to normal as possible.

Tutoring, Summer Activity Found for Learning Disabled 10-Year-Old

The mother of a hyperactive 10-year-old, labeled learning disabled, came to Direction Service at the suggestion of his special education teacher to request aid in finding tutoring services for her son. The child constantly suffered from upset stomach, and his mother feared he had an ulcer. Although in 4th grade, he was reading and writing at first grade level. The Direction Service contacted the agencies the mother had been working with (special education teacher, school psychologist, medical center specialists on hyperactivity, pediatrician, social worker at Welfare Department) to inform them of the mother's visit.

The mother and the school were informed about all tutoring agencies and programs in the county, and the mother was encouraged to call each program, find out more about them, and meet with school officials to discuss the type of program she would like for her son. The school and the clinic were informed about the mother's fear that her son had an ulcer. The mother screened the tutoring programs and met with the school to select one. She also worked with another agency identified by Direction Service to set up plans for summer activities, as well as with another more specific intake and referral agency identified by Direction Service to find services to help her. She also reestablished contact with the clinic where the doctors were checking the boy.

School Placement Reviewed for Girl, 11, in Isolated Area

An 11-year-old girl, mildly mentally retarded with severe behavior problems, had been adopted by older parents at birth and was living in an isolated rural area. Her small school district could not meet needs of her behavior problem, so she had attended a larger district school, but this district could not meet her needs and referred her to a residential behavior program. The girl had not attended school since that time, and no other program had been suggested by the school district. The school psychologist serving the district referred her to the Direction Service.

Intervention included meeting with the parents to review their concerns, bringing the girl's needs to the attention of the local school district and the special education director of the service district, averting legal actions by either parents or school district against the other, obtaining approval for current psychological observations, getting the mother to parent

classes, getting the girl placed in an alternative school district on a trial basis, helping the girl qualify for case services for a summer tutoring program, checking the school district for the girl's placement for the following school year, and notifying the residing school district of the mother's concern over reimbursement for transportation. The followup showed the mother was very pleased with the school placement, and the special education director reported that the girl is improving.

Services for Emotionally Disturbed Girl, 12, and ADC Family

A woman head of household with nine children read a brochure at a doctor's office stating that the Direction Service helped with children's problems. She called for help for her 12-year-old daughter who was constantly being suspended from school because of her behavior. The visiting teacher reported that the child's evaluation found her to be emotionally disturbed, but the mother had refused to sign papers for her to attend a special education program. Referral specialists visited the family and found they are on Aid for Dependent Children; the 8-year-old daughter was run over by a car and was in the hospital with pneumonia; the 18-year-old son was expelled from school and had not been able to find work (suspected of using drugs); two older daughters also were living with her with their three children.

The 12-year-old girl had been most difficult to handle, resorting to attention-getting devices such as calling the Child Abuse Center to say she had been abused by her mother. The mother finally decided to sign the release papers for her daughter to attend the special education program, after the referral specialist promised to attend the Admission Review and Dismissal meeting with the mother, and to visit the daughter at the Diagnostic Adjustment Center at the special education school.

Addendum: As the Referral Specialist left the home, a 14-year-old friend of the girl asked for help: she was two months pregnant and had been out of school for two weeks, her mother drank too much and was upset with her pregnancy and at times would beat her. The Specialist referred her to the teenage parent program at the school district, and will follow up to see she gets there.

Residential Placement Assisted for Neurologically Impaired Boy of 13

A 13-year-old youth, diagnosed as neurologically impaired, was referred to Direction Service by Income Maintenance, a department within Social Services. He had been in a Neurologically Impaired Emotionally Handicapped Class but was suspended frequently, and his teacher and counselor complained often about his behavior. A reevaluation revealed significant deterioration in his thought processes, leading to recommendation of a therapeutic setting to provide necessary services. His mother, physically handicapped after an auto accident, was raising him alone and was disappointed by his inability to live up to her middle-class standards. As a result, she denied existence of a mental handicap and failed to cooperate with the agencies involved.

The Direction Specialist visited the home, observed the child in school, and contacted teachers and counselors who were familiar with him. After the evaluation and recommendations were explained to the mother, and rapport and trust with her were established, the mother agreed to visit the facility if the Direction Specialist accompanied her. At the visit, she was encouraged to ask questions and was given adequate time to render a decision. Upon her agreement, the youth was placed in a residential facility where he is exhibiting clear signs of adjustment.

Vocational Placement for 15-Year-Old Girl With Learning Disabilities

A counselor at a local community hospital suggested that the parents of this 15-year-old high school freshman contact Direction Service. She was diagnosed as having learning disabilities and was labeled by school officials as a "habitual truant." She had very low self-esteem, was disruptive at school and home, and had run away from home three times in the past year. Contact was made with the school district to provide the child with an appropriate evaluation, and with youth counseling agencies to help the girl and her family develop better line of communications. The parents also wanted to identify a vocational program for her.

A week after the contact, the child ran away from home again, but two days later called the Direction Service office and asked to meet a resource staff person. She was informed of all options available through the school, the community, and in her home setting. She agreed to contact the agencies identified. The school and parents informed D.S. that the child had come home, had agreed to participate in a vocational evaluation program D.S. had identified, and had selected a tutor and therapist to assist her with school deficiencies. The child began meeting with her counselor and was gradually changing her "atypical" habits. The family was pleased that the child was improving in school and with her vocational placement, and the girl seemed to have a better image of herself.

Aid Provided to Deaf Youth, 16, With Behavior Problems

Johnny, a 16-year-old deaf boy who had stolen a bicycle and was in a youth detention facility, was referred to Direction Service by the probation officer to locate an interpreter to enable the facility staff to communicate better with him. He lived in a low-income housing development with his mother, who was unable to control his behavior. The Direction Service provided an interpreter and made a referral to the State School of the Deaf which he had previously attended. Several visits were made to the youth facility to prepare him for the transition to the State School. The D.S. coordinator and the probation officer accompanied him to the State School. He was returned home a month later because of an attack on a school counselor.

A few months later, he was again taken to detention for prowling. Direction Service was recontacted for an interpreter in court and some type of educational program. After further evaluation, D.S. coordinated with the Department of Pensions and Security and a school for the retarded for his placement in the multi-handicapped class with a teacher trained in deaf education. He was expelled after attacking a faculty member. After additional coordination and efforts to find an appropriate evaluation and placement, the D.S. referred a deaf tutor to work with him on communication. He progressed enough to reenter the State School, and through followup contacts, D.S. has learned that he is progressing well and is slowly gaining basic communication skills. D.S. continues to track his progress closely at the State School for the Deaf.

Resources Found for Emotionally Disturbed Youth of 17

Bill and his mother were referred to Direction Service by the community action agency. He is 17, emotionally disturbed, living at home, and in a private day placement but without making progress. The school did not have necessary recreational and therapeutic services, and the boy remained at home in bed most of the time, severely depressed.

The mother, the Direction Service, and an advocate from a Children's Council

together with the school department developed a new educational plan and placement. He finally began to attend a school program in the morning and a Y.E.S. (Youth Employment) job in the afternoon for which he is paid. He then began to attend school consistently. The Direction Service provided resources this mother needed: to monitor the program, to insist on reviews, to report on observations, and to find support.

Placements Found for 18-Year-Old Trainable Retarded Youth

A private evaluation agency referred Mike to Direction Service, after the family had been through many diagnoses such as emotionally disturbed, trainable mentally retarded, learning disabled, and autistic, and suspension from school and refusals of services. The D.S. coordinator met with several agency representatives and professionals to determine the most appropriate placement. After review of available records, the decision was made for him to attend a special school while living at home. Later, he went to residential placement, but returned home because of medical problems.

The parents contacted D.S. again for help in school placement. The D.S. obtained placement at a special education facility, and also referred the family to a physician, who expressed concern over Mike's lack of physical activity. D.S. coordinated with the school to provide a strenuous physical education program and referred him to the Handicapped Swim Program where he got an extensive workout twice a week. D.S, maintains frequent contact with Mike, who is functioning very well in his special school, has improved his physical condition, and is practicing for the Special Olympics through the swim program.

Referrals Assist Navajo Male, 19, With Hearing Problem

A Navajo male was enrolled in 7th grade in special education classes, with the school district reporting that his disability included mental retardation, hearing loss, and some visual problems. He was referred to the Division of Rehabilitation Services. The Direction Service followed up with the school psychologist, who verified that he was not mentally retarded although he was in the slow range and was in special education primarily because of the hearing problem. Apparently he was receiving more individualized help in the special education classes.

Referral was made to the school speech and hearing specialist where a complete auditory evaluation was recommended. Hearing aids and an individualized program were provided. Direction Service obtained information for assessment, matched his needs with appropriate resources, and monitored his program.

LASKA
WASH
Portland
Vancouver
ORE
Eugene
IDAHO
MONT
N.DAK.
S.DAK
Rapid City
WYO
NEB
Omaha
MINN
WIS.
MICH
IOWA
ILL
IND
OHIO
NY
Syracuse
ME
VT
NH
MASS
Boston
CONN
PENN.
Harrisburg
Frostburg
W.VA
VA.
KY
TENN.
N.CAR
Knightdale
Carthage
Greensboro
S.CAR
GA.
Ellijay
ALA
Decatur
Montgomery
MISS
LA.
ARK.
OKLA
TEXAS
NEV
CAL
San Bruno
Inglewood
UTAH
Price
Blanding
COLO
KANS
MO
Independence
ARIZ.
N.MEX
FLA.
HAWAII

33

34

APPENDIX C: A Descriptive Picture of Demonstration Projects

Information describing the 25 model demonstration projects was compiled from questionnaires filled out in the summer of 1979, and covers data through May or June 1979. Following this general profile of the 25 sites are individual descriptions of each of the projects.

Catchment Area

Six Direction Services operate in one county alone, others cover from 2 to 12 counties. Three cover part of a large city, one in Boston and two in New York City; others include cities in their coverage, ranging from large ones to a group of small towns. Four are in one school district alone, others cover from 2 to 31 school districts.

Total population of the catchment areas covered by the Direction Services range from 15,000 in San Juan Direction Service in Utah, serving primarily Native Americans, to 1,435,1000 in five-county Central Maryland. The breakdown shows 2 with populations under 100,000; 3 ranging from 100,000 to 199,000; 4 from 200,000 to 299,000; 3 from 300,000 to 399,000; 3 from 400,000 to 499,000; 2 from 500,000 to 599,000; 5 from 600,000 to 800,000, and 3 with more than one million population.

Eight Direction Services serve from one to four school districts; 4 serve five to nine districts; 3 serve 10 to 14 districts; 5 serve 15 to 19, and five serve more than 20 districts. Total student population within their catchment areas range from the San Juan Direction Service serving only 3,022 students to Central Maryland's 288,553. The greatest number serve from 50,000 to 99,999, with 8 in this range. Three have fewer than 25,000 students, six have 25,000 to 49,999 students. 5 have 100,000 to 199,000, and 3 have 200,000 or more students.

Site Organization

State Education Agencies are the contracting agencies for seven Direction Services (one each in Delaware and Pennsylvania, two in Maryland, three in North Carolina). One Local Education Agency, Fairfax County Public Schools inVirginia, is a contracting agency, although 7 other LEAs are subcontractors or fiscal agents under an SEA, university or Regional Resource Center as contracting agency. Eight programs operate under university contractors and five under Regional Resource Centers (three of these are contracted via the Iowa SEA). Others are through a voluntary agency (Community Service Society of New York), advocacy group (Federation for Children with Special Needs of Boston), and a private management consulting company (San Bruno, Calif.).

Twenty-one Direction Services have advisory boards (North Carolina has one state-wide board for the 3 programs; Central Maryland uses the County Office for Handicapped Advisory Committee). Consumers and/or parents are represented on all boards, 19 have LEA personnel as members, 10 have SEA personnel, 16 have private agency personnel represented, 11 have state agency personnel, 9 have physicians, 4 attorneys, and 7 have other types of representation including ministers, teachers, school board members, and a legislator.

Most Direction Services are located within an educational program, 7 have a separate location, 4 are on a college campus, and one each is located in the offices of their service agency and advocacy agency sponsor. Nine have satellite offices.

Staff size for most range from 3 to 4 full-time equivalents (FTE), although three Services have only one staff person and two each have 5, 6 and 7; one has 9, another has 10. Sixteen Services spend half or more of their time on providing direction service; seven spend from 10 to 40% of their time on this phase of their services, one spends less than 10%. The majority spend from 10-30% of their time on maintaining resource information, public awareness and administration/management, with usually about 5% spent on evaluation.

Fourteen Direction Services utilize volunteers, primarily for service to children, such as tutoring, big brothers, foster grandparents, escorts, translaters and child care. Other volunteers answer telephone, catalogue and compile parent education materials, do office work, and help with the information system. A limited number of programs use volunteers for parent counseling and workshops. A few university-based services are using student intern volunteers.

Seven services have computer equipment; among specific uses cited are for client tracking, for evaluation, and one interfaced with a word processor. One Service noted that they had removed the computer because it was cumbersome and ineffective. Other special equipment includes TTY machines at 3 centers, a microfiche reader listing available state services at the three North Carolina sites, and audio-visual equipment and a telephone-answering machine at several others.

Services

Numbers of cases initiated in the past year ranged from 50 to 200 for 13 Services; four reported fewer than 50 cases, 8 initiated 200 or more (one of these had more than 400). Information-only actions were obviously more numerous; in fact, some centers do not tabulate those requiring only a single telephone response. Twenty reported 100 or more information-only actions.

In addition to the expected services sought - education, financial, diagnostic, therapeutic, vocational, social/recreation - newer kinds of services are sought as special needs arise. In recent months, the Direction Services have been promoting respite care services, transportation, and services for the Asian immigrant "boat people."

Public Awareness

Public awareness strategies are varied, and usually the centers use more than one type of approach to inform the public about the availability of Direction Service. Most often, they make their services known through presentations to the public and to school groups (principals, resource room teachers and others), outreach contacts, and mailings of brochures, newsletters, and letters to parents, principals, resource and service agencies.

Word of mouth is important for 7 centers; one serving Native Americans goes door to door. One Center held an Information Fair for parents with booths on handicapping conditions and agencies providing services. Public service announcements on radio and/or television are used by several services, and others send news releases to newspapers, as well as writing articles for newsletters of local providers. A few use direct mail to parents of all handicapped children in the schools; another stresses personal contacts with parents and agency personnel.

All but four centers have issued products, ranging from newsletters, slide-tape presentations (including one in both Navajo and English) for outreach sessions, and brochures describing the service, to comprehensive guidebooks and resource manuals for parents. Several publish directories of services and resources, including a listing of summer

camps and other summertime activities (with one of these published in English and Spanish). Other products include a booklet on the IEP process, an IEP checklist, model TV public service announcements, a parent bibliography, forms, manuals, and resource guides.

One Service produced a readable, illustrated guide to different handicapping conditions, such as cerebral palsy, epilepsy, Down's syndrome, cleft lip and palate, etc., describing the specific problem, indicating how to raise a child with that problem and what special care would be needed, giving a glossary of professionals and how to select one, listing rights of handicapped individuals, and giving tax deductions available.

Another Service published a companion guidebook and workbook for families, using this as a basis for an in-depth training program for parents. The guidebook listed helpful hints, glossary, and resources, and the workbook presented an organized method for filing and maintaining records and correspondence on medical and service history, education, psychological evaluations, provider contacts, and all other material to chronicle the family's efforts to obtain services and to provide a continuous permanent record for future access.

Direction Service

Syracuse, New York

BLACK HILLS
DIRECTION SERVICE
2040 W. MAIN
RAPID CITY, SD
394-5141

DIRECTION SERVICES CENTER

Maryland State Department of Education
Division of Special Education

Delaware Direction Service Center

For the Special Child.

APPENDIX D: Direction Service Demonstration Sites Listed by State

Tri-City Direction Service Center
701 Bank Street, P.O. Box 1386
Decatur, Alabama 35601
Telephone: (205) 350-9729
Barbara Gray Harper, Center Coordinator

Tri-County Direction Service
1940-A Mulberry Street
Montgomery, Alabama 36106
Telephone: (205) 263-9700
Nancy K. Williamson, Center Coordinator

San Mateo County Direction Service
500 Acacia Street
San Bruno, California 94066
Telephone: (415) 952-7878
Jean Wofford, Ph.D., Director; Carmen Anthony, Manager

Western Los Angeles Direction Service
11300 S. La Cienega Boulevard
Inglewood, California 90304
Telephone: (213) 654-9044
Thomas I. Justice, Director

Delaware Direction Service Center
Box 1402 - Townsend Building
Dover, Delaware 19901
Telephone: (302) 678-5664
Mary V. Lauderbaugh, Director

North Georgia Direction Service Center
#5 Westside Square
Ellijay, Georgia 30540
Telephone: (404) 635-5391
Diana Goss, Director

Western Maryland Direction Center
Frostburg State College
Frostburg, Maryland 21532
Telephone: (301) 689-8879
Alexander Weinstein, Coordinator

Central Maryland Regional Direction Center
County Administration Bldg., Room 1126
Upper Marlboro, Maryland 20870
Telephone: (301) 952-4860
Penny Smith, Coordinator

Boston Direction Service
120 Boylston Street, Suite 338
Boston, Massachusetts 02116
Telephone: (617) 482-2947
Kathleen Noonan, Director

Jackson County Direction Service Center
3640 South Noland Road
Independence, Missouri 64055
Telephone: (816) 833-4415
Dale R. Herrick, Director

Douglas-Lancaster Direction Services
Meyer Children's Rehabilitation Institute
444 South 44th Street
Omaha, Nebraska 68131
Telephone: (402) 541-7333
Cy Leise, Director

Community Service Society Direction Service
150 West 105th Street
New York, N.Y. 10025
Telephone: (212) 666-1300
Richard M. Lash, Director

Regional Direction Service Center
2090 Seventh Avenue, Room 200
New York, N.Y. 10027
Telephone: (212) 662-1313
Emily B. Kironde, Director

Syracuse Direction Service
Center on Human Policy
Syracuse University
216 Ostrom Avenue
Syracuse, N.Y. 13210
Telephone: (315) 423-3851
Dr. Douglas Biklen and Dr. Alan Barnes, Co-Directors

South Central Regional Education Center Direction Service
P.O. Box 785
Carthage, North Carolina 28327
Telephone: (919) 947-5871
Joe Erickson, Direction Specialist; Catherine Cooke, Regional Coordinator

North Central Regional Education Center Direction Service
P.O. Box 21889
Greensboro, North Carolina 27420
Telephone: (919) 379-5764
J.R. Coble, Direction Specialist; Alice Stone, Regional Coordinator

Central Regional Education Center Direction Service
P.O. Box 549
Knightdale, North Carolina 27545
Telephone: (919) 266-9282
Lynell Stovall, Direction Specialist; Libby Broome, Regional Coordinator

Lane County Direction Service
University of Oregon
1736 1/2 Moss Street
Eugene, Oregon 97403
Telephone: (503) 686-3598
Richard Zeller, Coordinator

Portland Public Schools Direction Service
4815 N.E. Seventh Street
Portland, Oregon 97211
Telephone: (503) 288-5167
Diana Devers, Coordinator

Pennsylvania Direction Service
236 Union Deposit Road
Harrisburg, Pennsylvania 17111
Telephone: (717) 787-4690
Frederick M. Davis, Project Director; Randell Laborde, Director

Black Hills Direction Service
2040 West Main, Suite 110
Rapid City, South Dakota 57701
Telephone: (605) 394-5141
Mary Baumeister, Director

San Juan Direction Service
Box 311
Blanding, Utah 84511
Telephone: (801) 678-2123
Karolyn Romero, Coordinator

Utah Direction Service
P.O. B
Price, Utah 84501
Telephone: (801) 637-5565
G. Nohl Sandall, Director

Fairfax County Direction Service Center
6421 Meriwether Lane
Springfield, Virginia 22150
Telephone: (703) 971-0199
Robert Rosenstock, Coordinator

Educational Service District #112 Direction Service
1313 N.E. 134th Street
Vancouver, Washington 98665
Telephone: (206) 574-3216
Karen Lorang, Coordinator

APPENDIX E: Demographic Data for Each Demonstration Project

ALABAMA

Decatur

Tri-City Direction Service Center
701 Bank Street, P.O. Box 1386
Decatur, AL 35601 Phone: (205) 350-9729
Barbara Gray Harper, Director/Coordinator
(Betty Beale, Regional Coordinator)

Catchment Area: 3 counties, 4 cities, 7 school districts
Total population: 314,700 (rural, suburban, urban)
Total student population 71,746
Largest school district served 32,711 (student population)
Smallest school district served 2,937

Contracting Agency: Southeast Regional Resource Center/Auburn Univ. Montgomery (IEA)
Sub-Contractor: Athens City Schools (also Fiscal Agent) (LEA)

Advisory Board: Includes parents, LEA personnel, state and private agency personnel, physicians.

Site Location: Separate. 3 satellites in other communities, set up to be more accessible to outlying areas, to increase service for more handicapped children and assist school systems in child find activities.

Staff size: 3 Full-time equivalents

Volunteers: Are used for outreach, manning telephones in offices. Office duties.

Cases Initiated (past 12 months) 47

Services requested by clients:

Diagnostic	5	Family Services	6
Education	17	Financial	6
Vocational	1	Information/Advocacy	5
Therapeutic treatment	3	Social/Recreation	4

Public awareness strategies: Word of mouth from parents of clients, representatives of service providers; radio announcements, newspaper articles, brochures, T.V., talk show.

Unique aspects: personalized intake, cooperative planning with parents and followup.

ALABAMA

Montgomery

Tri-County Direction Service
1940-A Mulberry Street
Montgomery, AL 36106 Phone: (205) 263-9700
Nancy K. Williamson, Director/Coordinator
(Betty Beale, Regional Coordinator)

Catchment Area: 3 counties, 3 cities, 3 school districts
Total population: 253,100 (rural and urban)
Total student population: 51,837
Largest school district served: 35,347 (student population)
Smallest school district served: 1,676

Contracting Agency: Southeast Regional Resource Center, Auburn University/ Montgomery (IEA)
Sub-Contractor: Montgomery City/County School System (LEA)

Advisory Board: Includes consumers/parents, LEA and SEA personnel; state agency and private agency personnel; attorney, ministers, teachers.

Site Location: Separate. 2 satellites.
Satellite center one day a month in two other counties in area

Staff size: Three full-time equivalents

Volunteers are used for supportive office type work, parent counseling

Cases initiated (past 12 months): 74

Most prevalent problem areas: vocational opportunities for 16 years and over clients; early childhood programs.

Services requested by clients:

Diagnostic	24	Day Care	6
Education	80	Family Services	16
Vocational	6	Financial	10
Therapeutic treatment	19	Adaptive Equipment	3
Residential	3	Social/Recreation	14

Public awareness strategies: Interagency contacts: meetings/staffings, presentations; T.V. and radio public service announcements; brochures.

Unique aspects: Operates a satellite center one day a month in each of the two other counties in catchment area.

CALIFORNIA

Inglewood

Western Los Angeles Direction Service
11300 S. La Cienega Boulevard
Inglewood, CA 90304 Phone: (213) 654-9044
Thomas I. Justice, Director/Coordinator

Catchment Area: Part of 1 county, 14 cities, 15 school districts
Total population: 1,225,440
Total student population: 239,961 (suburban and urban)
Largest school district served: 34,580 (student population)
Smallest school district served: 1,189

Contracting Agency: University of Southern California

No Advisory Board

Site Location: separate

Staff size: 6 full-time equivalents

No volunteers

Special Equipment: McBee keysort system - over 250 descriptor capability - sorts by type of service, age, disability, geog. area, cost, allied services.

Cases initiated (past 12 months) 389

Most prevalent client problem areas: behavior problems, appropriate school placement, delays in academic achievement

Services requested:

Diagnostic	28	Family Services	13
Education	52	Financial	3
Vocational	8	Information/Advocacy	17
Therapeutic treatment	39	Adaptive Equipment	3
Residential	6	Social/Recreation	14
Day care	7		

Public awareness strategy: Local key agencies

Products: "Directions 1 - Guidebook for Families"
"Directions 11 - Workbook for Families"
"Forward by Design"

Unique aspects: parent seminar system. Needs-based case management model; Association with California Regional System. Independent focus school liaison model.

CALIFORNIA

San Bruno

San Mateo County Direction Service
500 Acacia Street
San Bruno, CA 94066 Phone: (415) 952-7878
Jean Wofford, Ph.D., Director
Carmen Anthony, Project Manager

Catchment Area: 1 county, 19 cities, 23 school districts
Total population: 612,822
Total student population: 147,880

Contracting Agency: Del Green Associates (management consulting firm)
1st funded October 1977

Advisory Board: consumers/parents, LEA and SEA personnel, state and private agency personnel.

Site Location: within educational program (LEA)

Staff size: 4 full-time equivalents

Volunteers used as resource staff

24-hour answering device

Cases initiated: 350

Most prevalent client problem areas: assessment, vocational guidance, school placements, tutorial services.

Services requested by clients: (no figures provided)

Diagnostic	Residential
Education	Day Care
Vocational	Financial
Therapeutic treatment	Equipment
	Social/Recreation

Public awareness strategy: flyers, brochures, agency and school presentations, mass media (news, T.V., Radio)

Unique aspects: Information Retrieval System. Followup procedures utilized, client evaluation of Direction Service Model services rendered.

DELAWARE

Dover

Delaware Direction Service Center
Box 1402 - Townsend Building
Dover, DE 19901 Phone: (302) 678-5664
Mary V. Lauderbaugh, Director/Supervisor

Catchment Area: 2 counties, 1 city, 11 school districts
Total population: 180,900 (rural)
Total student population: 42,345
Largest school district served: 6,653 (student population)
Smallest School District served: 788

Contracting Agency: Department of Public Instruction, Exceptional Children - Special Programs Division (SEA)

Advisory Board: consumers/parents, LEA and SEA personnel, state and private agency personnel

Site Location: within educational program (SEA)

Staff size: 3 full-time equivalents

Volunteers: Used on Advisory Council and Parent-to-Parent

Equipment: Record-A-Call and Slide/Tape machine

Cases Initiated: 87

Most prevalent client problem areas: appropriate educational placements, services for 0-4 age group (services not nearby or not provided frequently enough; services for 18-21 age group.

Services requeated by clients:

Diagnostic	6	Family services	5
Education	46	Financial	1
Vocational	4	Information/Advocacy	4
Therapeutic treatment	10	Adaptive Equipment	2
Residential	3	Social/Recreation	1
Day care	4	Transportation	1

Public awareness strategy: word of mouth, brochure

Product: Direction Service Slide/Tape presentation, brochure

Unique Features: Ability to access educational community; excellent relationship with other agencies; ability to provide leadership to secure better educational placements for the handicapped.

GEORGIA

Ellijay

North Georgia Direction Service Center
North Georgia CESA
#5 Westside Square
Ellijay, GA 30540 Phone: (404) 635-5391
Diana Goss, Director/Coordinator

Catchment Area: 6 counties, 6 cities, 7 school districts
Total population: 200,000 (rural)
Total student population: 35,000
Largest school district served: 10,000 (student population)
Smallest school district served: 3,000

Contracting Agency: North Georgia Cooperative Education Service Agency (IEA)

Advisory Board: consumers/parents, LEA and SEA personnel, state agency personnel

Site Location: Within educational program (IEA)

Staff size: 2 full-time equivalents

Special equipment: Computer

Cases initiated: 43

Services requested by clients: (no figures provided)
Diagnostic
Education
Vocational
Therapeutic treatment
Residential
Financial
Information/Advocacy
Social/Recreation

Most prevalent problem areas: educational placement and IEPs, lack of information, lack of services.

Public awareness strategy: Brochures in designated locations

Unique aspects: State-wide replication next year, each Learning Resource Center in state (16) will incorporate concept of Direction Service, with North Georgia DS providing technical assistance.

Product: Parent Resource Guide

MARYLAND

Frostburg

Western Maryland Direction Center
Frostburg State College
Frostburg, MD 21532 Phone: (301) 689-8879
Alex Weinstein, Director/Coordinator

Catchment Area: 4 counties, 4 school districts
Total Population: 300,000 (rural)
Total student population: 30,000
Largest school district served: 14,000 (student population)
Smallest school district served: 3,500

Contracting Agency: Maryland State Department of Education. Division of Special Education (SEA)
Sub-Contractor: Frostburg State College (IHE)

Advisory Board: LEA personnel, private agency personnel, teacher preparation personnel

Site Location: On college campus

Staff size: 3/5 full-time equivalents

Volunteers used in all phases of service except administration. Primarily in service to clients

Cases initiated: 85

Most prevalent client problem areas: educational needs; severe, profound handicap programs; specialized programs for deaf or orthopedically handicapped.

Services requested:

Diagnostic	25	Family services	25
Education	35	Financial	10
Vocational	10	Information/Advocacy	10
Therapeutic treatment	55	Adaptive Equipment	7
Residential	30	Social/Recreation	6
Day Care	10		

Public awareness strategy: word of mouth, brochures, newspaper ads.

Products: Description of volunteer programs; statewide resource manual

Unique aspect: Strong student intern component used to supplement staff.

MARYLAND

Upper Marlboro

Central Maryland Regional Direction Center
County Adminisration Building, Room 1126
Upper Marlboro, MD 20870 Phone: (301) 952-4860
Penny Smith, Director/Coordinator

Catchment Area: 5 counties, 5 school districts
Total Population: 1,435,100 (rural and suburban)
Total student population: 289,553
Largest school district population: 39,479 (student population)
Smallest school district served: 7,406

Contracting Agency: Maryland State Department of Education (SEA)
Sub-contractor: Prince George's County Office for Coordination of Services to the Handicapped (part of county government)

Advisory Board (use Advisory Committee of Office for the Handicapped)

Site Location: Separate (within County office building)

Staff size: 3 full-time equivalents

Volunteers used for cataloguing and classifying information, and to work with the deaf community.

Have used a computer but it proved to be cumbersome and ineffective - Use TTY

Primary client service mode: phone because covers wide geographic area

Cases initiated: 169

Most prevalent client problem areas: Residential treatment, special education, respite care (before and after school care)

Services requested by clients:

Diagnostic	14	Family services	6
Education	37	Financial	13
Vocational	10	Information/Advocacy	19
Therapeutic treatment	14	Adaptive Equipment	5
Residential	26	Social/Recreation	9
Day Care	16		

Public awareness strategy: Presentations to parents and parent groups, personal contact developed at these meetings.

Product: Brochure

Unique aspects: Unique setting - located in County Office for Coordination of Services to the Handicapped; and since not connected to an LEA, "we seem more able to maintain an independent status... Recently we are getting more referrals from parents we have served, a good indication that we have been successful in serving youngsters... Our participation in several inter-agency committees dealing with the total needs of the handicapped in our five-county area has added visibility for the Center and has made our staff accessible to agencies. The Center has also served as a catalyst in developing services for handicapped individuals; for example, the Director served as a Chairperson for the Respite Care Task Force, as a result of which a Developmental Disabilities grant was secured for a respite care program in the county."

MASSACHUSETTS

Boston

Boston Direction Service
120 Boylston Street, Suite 338
Boston, MA 02116 Phone: (617) 482-2947
(Kathleen Noonan, Director/Coordinator)

Catchment Area: City of Boston (2 school districts in particular)
Total population: 610,000
Total student population: 69,794
Largest school district served: 11,129
Smallest school district served: 6,313

Contracting Agency: Federation for Children with Special Needs (a non-profit organization for parents of handicapped children)

Advisory Committee: Consumers/parents, LEA personnel, private agency personnel

Site location: non-profit parent organization
2 Satellites

Staff size: 4½ full-time equivalents

Volunteers: Student interns worked on resource directory

Cases initiated past 12 months: 300

Most prevalent client problem areas: referral for educational evaluation problems: gaps in service delivery systems; school failure to comply with educational plan.

Services requested by clients (only percentages were given):

Diagnostic	6%	Financial	4%
Educatiobal	6%	Info/Advocacy	15%
Vocational	6%	Social/Recreation	17%
Therapeutic treatment	4%	Transportation	17%
Residential	18%	Respite Care	3%
Day care	2%	Early childhood	12%
		Other	6%

Public awareness strategy: distributing brochures, mailings, word of mouth, attending meetings in the community and 94-142 parent clinics-presentations.

Product: Resource Directory

Unique aspects: Community based model staffed by parents of children with special needs who undergo case management training and supervision. We share and develop our contacts and experiences through a community network. Since we are trusted as community members, we "find" parents and children not normally served by other agencies.

MISSOURI

Independence

Jackson County Direction Service Center
3640 South Noland Road - Suite 240
Independence, MO 64055 Phone: (816) 833-4415
Dale R. Herrick, Director/Coordinator

Catchment Area: 1 county, 6 cities, 12 school districts
Total population: 654,178 (rural, suburban, urban)
Total student population: 120,000
Largest school district served 50,000 (student population)
Smallest school district served: 350

Contracting Agency: Midwest Regional Resource Center, Des Moines, Iowa (RRC)
Sub-contractor: Independence, Mo. Public Schools (LEA) also fiscal agent

Advisory Board: consumers/parents; LEA, SEA, State agency, private agency, personnel, physicians

Site location: Separate

Two Satellites

Staff size: 10 full-time equivalents

TTY, 24-hour telephone, audio-visual equipment; client/family resource library

Cases initiated past 12 months: 290

Majority of families seen on at least two in-office interviews

Services requested:

Diagnostic	41	Family Services	20
Education	58	Financial	21
Vocational	16	Information Advocacy	24
Therapeutic treatment	59	Adaptive Equipment	15
Residential	12	Social/Recreation	25
Day Care	10		

Public awareness: County-wide news communication (QUASAR) four times a year; public/professional presentations, radio/TV public service announcements, posters.

Products: Replication Handbook, Slide/sound presentation; Resource Information System; Summer Resource Handbook

Unique aspects: Replicated model in Rapid City, SD, and Omaha, Neb. Work closely with Midwest RRC, constantly looking at ways to improve D.S. model.

NEBRASKA

Omaha

Douglas-Lancaster Direction Services
Meyer Children's Rehabilitation Institute
444 South 44th Street
Omaha, NE 68131 Phone: (402) 541-7333
Cy Leise, Director/Coordinator

Catchment Area: 2 counties, 2 cities, 21 school districts
Total Population: 670,000 (urban and rural)
Largest school district served: 48,000 (student population)
Smallest school district served: 100

Contracting Agency: Midwest Regional Resource Center (RRC)
Sub-contractor: University of Nebraska Medical Center (Medical Center)

Advisory Board: consumers/parents, LEA, SEA personnel; physicians, school board member, social worker

Site location: Service Agency

Staff size: 3 full-time equivalents

1 Satellite in State Department of Education, Lincoln

Computer printout tracking system serving both sites

Cases initiated in past 12 months: 75

Most prevalent client problem areas: Funding of services, education of preschool-aged; evaluations; transportation.

Services requested by clients: (all services listed; no figures provided)

Public awareness strategy: agency contacts, presentations, inter-agency involvements, brochures.

Product: Booklet on IEP process "Parents...You're Part of the Team"

Unique aspects: one program/two sites, computer printout tracking system, used for Resource Information System printout and indexes, located at both medical and educational centers.

NEW YORK

New York City

Community Service Society Direction Service
150 West 105th Street
New York, N.Y. 10025 Phone: (212) 666-1300
Richard M. Lash, Director/Coordinator

Catchment Area: 1/32 of New York City LEA (one Community School District)
Total Population: 350,000
Total student population: 17,000

Contracting Agency: Community Service Society (voluntary social agency)

Advisory Board: consumers/parents, LEA and SEA personnel, private agency personnel, physicians, attorney, legislators

Site Location: Within educational program - LEA (hosted by school)

Staff size: 9 full-time equivalents

Volunteers used as escorts, child care, ESL teachers

Cases initiated past 12 months: 209

Most prevalent client problem areas: Length evaluation process and placement process, multi-problem families

Services requested by clients:

Diagnostic:	173	Family services	196
Education:	157	Financial	198
Vocational	13	Information/Advocacy	209
Therapeutic treatment	189	Adaptive Equipment	13
Residential	26	Social/Recreation	87
Day care	17	Transportation	153

Public awareness strategy: Brochure supplied to schools, providers, systems; service to clients

Products: Staff Training Document

Unique aspects: Because of multi-problem families, we require escort/translation aides (funded under Title X); emergency financial assistance is available from voluntary sector.

NEW YORK

New York City

Regional Direction Service Center
2090 Seventh Avenue - Room 200
New York, N.Y. 10027 Phone: (212) 662-1313
Emily B. Kironde, Director/Coordinator

Catchment Area: 3 New York City school districts
Total population: over 500,000 (urban)
Total student population: 38,600
Largest school district served: 19,170 (student population)
Smallest school district served: 16,961

Contracting Agency: Center for Advanced Study in Education, City University of New York; Fiscal agent, Research Foundation/CUNY

Site Location: Separate

Staff Size: 7 full-time equivalents

Cases Initiated: 181

Most prevalent client problem areas: Inappropriate class placement, evaluation and re-evaluation; counseling/therapy, social services.

Services requested by clients:

Diagnostic	24	Family Services	20
Education	45	Financial	45
Vocational	15	Information/Advocacy	7
Therapeutic treatment	24	Adaptive Equipment	1
Residential	16	Social/Recreation	17
Day Care	11		

Public awareness strategy: Agency meetings, public service announcements, brochures, audio-visual presentation.

Product: Summer Camp Director for Handicapped Children (Spanish and English)

Unique aspects: Interagency cooperation is our strong point. We are part of the major planning boards in our area so we have real input into helping state and local agencies understand the needs of our area.

NEW YORK

Syracuse

Syracuse Direction Service
Center on Human Policy, Syracuse University
216 Ostrom Avenue
Syracuse, NY 13210
Dr. Douglas Biklen and Josephine Scro, Co-Directors

Catchment Area: 1 county, 18 school districts
Total population: 470,000 (rural, suburban, urban)
Total student population: 40,000
Largest school district served: 24,000 (student population)
Smallest school district served: 1,200

Contracting Agency: Center on Human Policy, Syracuse University (University)

Advisory Board: consumer/parents

Site Location: University

Staff size: 4 full-time equivalents

Volunteers used for information system, assistance on cases

Computer for evaluation, TTY

Cases initiated: 560

Most prevalent client problem areas: Education; diagnostic/evaluation, transportation

Services request by clients:

Diagnostic	41	Family Services	20
Education	186	Information/Advocacy	50
Vocational	25	Social/Recreation	25
Residential	17		
Day Care	20		

Public awareness strategy: Radio public service announcements; TV and radio talk shows, brochures, newspaper articles, bus placards.

Products: IEP checklist; Evaluation format; Model TV public service announcements.

Unique aspects: Parent counselors; university-based; urban, suburban and rural.

NORTH CAROLINA

(North Carolina State Department of Public Instruction, Division for Exceptional Children, has a state-directed program concentrated in three education regions, listed separately below and on the next pages. The SEA is the contracting agency for all three, and the State Advisory Board serves all three centers. The state has a microfiche system with a reader in each center to receive printouts of the state I & R system. Theodore R. Drain, Division Director, is project director.)

Carthage

South Central Regional Education Center Direction Service
P.O. Box 786
Carthage, NC 28237 Phone: (919) 947-5871
Joe Erickson, Direction Specialist
(Catherine Cooke, Regional Coordinator)

Catchment Area: 11 counties, 15 cities, 18 school districts
Total population: Estim. 636,157
Total student population: 157,802
Largest school district served: 38,319 (student population)
Smallest school district served: 1,555

Staff size: 1 full-time equivalent

Volunteers used to assist with parent conferences and workshops to speak on their experiences with D.S.; to assist handicapped children and families on case-by-case basis for reading, home aid, life skills, etc.

Cases initiated past 12 months: 58

Services requested by clients:

Diagnostic	50	Family Services	7
Education	55	Financial	15
Vocational	10	Information/Advocacy	58
Therapeutic treatment	30	Adaptive Equipment	5
Residential	25	Social/Recreation	20
Day Care	5	Transportation	10

Public awareness strategy: Presentations before public and private groups.

Products: Public Awareness/Information brochures; Slide/tape show (statewide) Parent bibliography.

NORTH CAROLINA

Greensboro

North Central Regional Education Center Direction Service
P.O. Box 21889
Greensboro, NC 27420 Phone: (919) 379-5764
J.R. Coble, Direction Specialist
(Alice Stone, Regional Coordinator)

Catchment Area: 11 counties, 21 school districts
Total Population: 1.2 million
Total student population: 223,578
Largest school district served: 44,169 (student population)
Smallest school district served: 2,925

Staff size: 1 full-time equivalent

Volunteers used for tutorial services, babysitting, distribution of literature.

Cases initiated past 12 months: 42

Services requested by clients: (No numerical breakdown given)

Public awareness strategy: Involvement with Department of Human Resources, public speaking engagements.

Product: Direction Service brochure.

NORTH CAROLINA

Knightdale

Central Regional Education Center Direction Service
P.O. Box 549
Knightdale, NC 27545 Phone: (919) 266-9282
Lynell Stovall, Direction Specialist
(Libby Broome, Regional Coordinator)

Catchment Area: 12 counties, 12 cities, 18 school districts
Total population: Estim. 750,000
Total student population: 136,900
Largest district served: 57,715 (student population)
Smallest school district served: 1,679

Staff size: 1 full-time equivalent

Cases initiated past 12 months: 31

Services requested by clients:

Diagnostic	5	Family services	1
Education	7	Financial	2
Vocational	3	Information/Advocacy	7
Therapeutic treatment	3	Adaptive Equipment	2
Residential	7	Social/Recreation	3
Day Care	2	Transportation	2

Public awareness strategy: Distribution of brochures.

OREGON

Eugene

Lane County Direction Service
University of Oregon
1736 1/2 Moss Street
Eugene, OR 97403 Phone: (503) 686-3598
Richard Zeller, Director/Coordinator

Catchment Area: 1 county, 16 cities (2 medium, 7 small, 7 very small)
16 school districts

Total population:	230,000	
Total student population:	52,000	(rural and urban)
Largest school district serviced:	20,000	
Smallest school district served:	170	

Contracting Agency: University of Oregon*

Advisory Board: Consumers/parents, LEA personnel; state agency personnel (Regional Office representative), private agency personnel

Site Location: University based - negotiating affiliation with school district

Staff size: 4.5 full-time equivalents

Computer used for client tracking; work processor for information base

Cases initiated past 12 months: 163

Most prevalent client problem areas: Financial assistance needs; Special Ed programs; preschool; leisure-time experiences; assessments.

Services requested by clients:

Diagnostic	41	Family services	12
Education	72	Financial	18
Vocational	18	Information/Advocacy	41
Therapeutic treatment	55	Social/Recreation	49
Residential	5	Transportation	10
Day Care	4		

Public awareness strategies: Word of mouth from existing clients, parent-to-parent referrals. Direct contact with public agencies accounts for 38.5% of referrals.

Products: Making Direction Work (Joint product of Northwest consortium and Western Los Angeles Direction Service)

Unique aspects: University-based demonstration. Primary emphasis is on demonstrating the fiscal and programmatic viability of direction to 16 separate school districts in the target area.

(* The University of Oregon holds a primary contract for the Northwest Direction Service Demonstration Consortium, which operates three demonstration sites in Eugene, Oregon; Portland, Oregon; and Vancouver, Washington. The consortium coordinating office is located at the University of Oregon and provides support to each site. Richard Zeller is consortium director as well as project coordinator for the Lane County Direction Service.)

OREGON

Portland

Portland Public Schools Direction Service
4815 N.E. Seventh Street
Portland, OR 97211 Phone: (503) 288-5167
Diana Devers, Director/Coordinator

Catchment Area: 1 school district
Total population of area: 500,000 approx. (Urban)
Total student population: 58,000 (6-18)

Contracting Agency: University of Oregon (Part of Northwest Direction Service Demonstration Consortium)

Sub-Contractor: Portland Public Schools (LEA)

Advisory Board: consumers/parents; LEA personnel; private agency personnel, physicians

Site Location: Within educational program (LEA)

Staff size: 5 full-time equivalents

Cases initiated: 202 (in a 12-month period) exclusive of information requests

Services requested by clients:

Diagnostic	137	Family services	26
Education	321	Financial	14
Vocational	36	Information/Advocacy	200
Therapeutic treatment	20	Adaptive Equipment	12
Residential	26	Social/Recreation	8
Day Care	25		

Public awareness strategy: Personal contact presentation with parents and agencies.

Products: Parent handbook: Partnership, Parent, Child and School.

Unique aspects: Possible foster grandparent volunteer program.

PENNSYLVANIA

Harrisburg

Pennsylvania Direction Service
236 Union Deposit Road
Harrisburg, PA 17111 Phone: (717) 787-4690
Frederick M. Davis, Project Director;
Randell Laborde, Program Director

Catchment Area: 3 counties, 24 school districts
Total population: 426,000 (rural, suburban, urban)
Total student population: 86,306
Largest school district served: 10,852 (student population)
Smallest school district served: 931

Contracting Agency: Pennsylvania Department of Education (SEA)
Fiscal Agent: Lancaster Lebanon Intermediate Unit (IEA)

Advisory Board: consumers/parents; LEA personnel; State agency personnel; private agency personnel; physicians, attorney.

Site location: Separate, with 3 satellites

3 satellite sites staffed once monthly

Staff size: 5 full-time equivalents

TTY; word processor; interfaced with computer

Cases initiated past 12 months: 394

Most prevalent client problem areas: Recreation/socialization; education, finance.

Services requested:

Diagnostic	9	Family Services	50
Education	50	Financial	77
Vocational	39	Information/Advocacy	50
Therapeutic treatment	45	Adaptive equipment	16
Residential	38	Social/Recreation	28
Day Care	18	Transportation	45

Public awareness strategy: contact with line staff at agencies; presentations to small groups, posters, brochures, public service announcements.

Unique aspect: Two subcommittees of a 28-member advisory board have been very active in evaluation of program from a community perspective and planning for future of program in community after federal funds are withdrawn.

SOUTH DAKOTA

Black Hills

Black Hills Direction Service
2040 West Main, Suite 110
Rapid City, SD 57701 Phone: (605) 394-5141
Mary Baumeister, Director/Coordinator

Catchment area: 5 counties, 11 school districtrs
Total population: 120,000 Rural
Total student population: 25,293
Largest school district served: 12,261 (student population)
Smallest school district served: 392

Contracting Agency: Midwest Regional Resource Center (RRC)
Subcontractor: Section for Special Education (SEA)
Fiscal Agent: Rapid City Schools (LEA)

Advisory Board: All groups listed

Site location: Separate

Staff size: 3 FTE

Slide/tape projector; parent library

Cases initiated past 12 months: 95

Most prevalent problem areas: financial assistance, educational services, residential services

Services requested:

Diagnostic	8	Family Services	16
Education	31	Financial	38
Vocational	4	Info/advocacy	5
Therapeutic treatment	9	Adaptive Equipment	1
Residential	11	Social/recreation	2
Day Care	2	Transportation	1

Public awareness strategy: word of mouth; agencies.

Products: Resource information system; slide/sound presentation.

Unique aspects: We are in a service-poor area. Because services are not readily available, it is necessary for us to do more coordination and piece together some services.

UTAH

Blanding

San Juan Direction Service
Box 311
Blanding, UT 84511 Phone: (801) 678-2123
Karolyn Romero, Director/Coordinator

Catchment area: 1 county, 1 school district (rural small towns, predominantly Native Americans)
Total population: 15,000 Isolated, remote section
Total student population: 3,022 (10 schools)

Contracting Agency: University of Utah
Subcontractor: Southeastern Education Service Center (IEA)

Advisory Board: consumers/parents, agency personnel, other

Site location: associated with LEA

Staff size: 2 FTE

Key sort equipment

Cases initiated past 12 months: 170

Services requested (all checked no numerical breakdown)

Public awareness strategy: door-to-door; radio announcements, newsletters, word of mouth, tribal channels.

Unique aspects: Serve remote, isolated Native American (Navajo) population.

UTAH

Price

Utah Direction Service
P.O. B
Price, UT 84501 Phone: (801) 637-5565
G. Nohl Sandall, Director
Pamela Simonelli, Field Coordinator

Catchment Area: 3 counties, 5 scattered cities, 3 school districts
Total population 45,000 Remote, isolated

Contracting Agency: University of Utah

Sub-contractor: Southeastern Education Service Center (IEA)

Advisory Board: Consumers/parents, LEA and SEA personnel; state and private agency personnel.

Site Location: Associated with IEA, ties to LEA also

2 satellites

Staff size: 2 FTE

Volunteers used as tutors, big brothers.

Cases initiated past 12 months: 100+

Services requested (no numerical breakdowns)

Diagnostic	Family services
Education	Financial
Therapeutic treatment	Info/advocacy
Residential	Social/recreation
	Transportation

Public awareness strategy: meetings and presentations to groups of human service and/or agency personnel, media, posters.

Products: forms manual; brochures; AV slide sound presentation (Navajo, English).

Unique Aspects: Serve rural remote population; must deal with extreme distances to provide service in service-poor area.

VIRGINIA

Fairfax County

Fairfax County Direction Service Center
6421 Meriwether Lane
Springfield, VA 22150 Phone: (703) 971-0199
Robert Rosenstock, Director/Coordinator

Catchment Area: 5 counties, 3 cities, 8 school districts
Total population: 800,000 (est.) Suburban
Total student population: 170,000
Largest school district served: 100,000 (student population)
Smallest school district served: (no answer)

Contracting Agency: Fairfax County Public Schools (LEA)

Advisory Board: Consumers/parents, LEA personnel

Site Location: within educational program (LEA)

Staff size: 3 FTE

Computerized system on line (N.P. 3000)

Cases initiated past 12 months: 1066

Most prevalent client problem areas: day care, private and public school placement, educational evaluation.

Services requested:

Diagnostic	175	Family services	23
Education	281	Financial	7
Vocational		Info/Advocacy	75
Therapeutic treatment	120	Adaptive Equipment	36
		Social/Recreation	389
Residential	117	Transportation	27
Day Care	81		

Public Awareness strategy: direct mailing to parents of all handicapped children in schools

Products: 2 General Service Directories; 3 Special Services Directories; 37 Individualized Agency Directories; 3 brochures; introductory slide/tape

Unique aspects: Individualized computer searching; use of existing school counseling personnel as agents for information and referral, and capability to interface directly with computerized IEP.

WASHINGTON

Vancouver

Educational Service District #112 Direction Service
1313 NE 134th St.
Vancouver, WA 98665 Phone: (206) 574-3216
Karen Lorang, Director/Coordinator

Catchment Area: 6 counties, 31 school districts Rural, suburban
Total population: 277,000
Total student population: 63,807
Largest school district served: 15,856 (student population)
Smallest school district served: 12

Contracting Agency: University of Oregon (Part of Northwest Direction Service Demonstration Consortium)
Sub-Contractor: Educational Service District (ASD) #112, Regional

Advisory Board: Consumers/parents, LEA personnel, state agency personnel, physicians.

Site location: within educational program (Regional)

1 satellite (LongView, Wn)

Staff size: 6½ FTE

Computer client tracking system, through N.W. Direction Service Consortium

Cases initiated: 93 (currently active at this time; this number fluctuates)

Most prevalent client problem areas: Psychologist assessment, preschool services, adolescent counseling, vocational.

Services requested:

Diagnostic	115	Family services	10
Education	56	Financial	3
Vocational	4	Info/Advocacy	33
Therapeutic treatment	12	Adaptive/Equipment	2
Residential	1	Social/Recreation	3
Day Care	2	Transportation	2
		Housing	1

Public awareness strategy: Outreach presentations; word of mouth, newspaper articles, brochures, fliers, preschool screenings.

Products: "Signs for Early Identification of Problems in Children" (brochure); newsletter - "Direction"; brochure on special summer activities; slide/tape presentation; matrix of services.

Unique aspects: Active parent library; one parent paraprofessional on staff who is a parent of a child with special needs.